Naval Hospital Oak Harbor

PHOTOGRAPHY PERMISSION FORM

As part of our communications activity, Naval Hospital Oak Harbor (NHOH) occasionally uses photography for publicity purposes. We would like your permission to photograph/film you/your relative for possible inclusion in our publications, website and other publicity material. The image(s) will remain the property of NHOH and will be used for the designated purpose of educating our beneficiaries about the services offered at this Military Treatment Facility.

Name: .....

Address: .....

.....

Contact number: .....

E-mail address: .....

If the participant is under 18 years old, please give date of birth of individual and name and contact details for parent/guardian:

Date of birth: .....

Name of parent/guardian: .....

Contact number: .....

I permit to use photographs of me/my relative in NHOH publications and publicity material, and for inclusion in the central NHOH image library.

I have the right to rescind consent to use up until a reasonable time before the recording or film is used.

I have the right to request cessation of recording or filming.

Signed: ..... **Date:** .....

(must be signed by parent/guardian if individual is under 18 years old)

For NHOH internal use:

Photographer: .....

Date: ..... **Location:** .....

Subject: .....

Copyright: .....